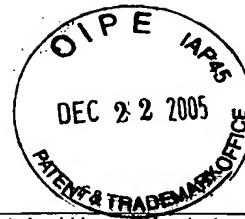


**PART B - FEE(S) TRANSMITTAL**

Complete and mail this form, together with applicable fee(s) to: **Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**  
**Fax (703) 746-4000**



**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

22204 7590 03/11/2003

NIXON PEABODY LLP  
401 9<sup>TH</sup> STREET, N.W.  
SUITE 900  
WASHINGTON, D.C. 20004-2128

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawings, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at \_\_\_\_\_, on \_\_\_\_\_

(Depositor's name)

(Signature)

(Date)

12/23/2005 MDMATE2 00000121 192380 10074037

01 FC:2501 700.00 DA  
02 FC:1504 300.00 DA  
03 FC:8001 30.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/074,037	02/14/2002	Victor I. SHEYMOV	741946-43	7584

TITLE OF INVENTION: SYSTEMS AND METHODS FOR CREATING A CODE INSPECTION SYSTEM

APPLN. TYPE.	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	03/15/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
----------	----------	----------------

PEESO, THOMAS R.	2132	713-194000
------------------	------	------------

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363) <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. <b>Use of a Customer Number is required.</b>	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>CARLOS R. VILLAMAR</u> 2 <u>NIXON PEABODY LLP</u> 3 _____
---	---	--

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

INVICTA NETWORKS, INC.

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

VIENNA, VIRGINIA

Please check the appropriate assignee category or categories (will not be printed on the patent)  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee  
 Publication Fee  
 Advance Order - # of Copies 10

A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-2380 (enclose an extra copy of this form).

Commissioner for Patents is requested to supply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)  
Carlos R. Villamar, Reg. No. 43,224

(Date)  
12/22/2005

NOTE: The issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEE(S)

W694714.1

# FEET TRANSMITTAL FOR FY 2005

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **\$1,030.00**

<i>Complete if Known</i>	
Application Number	10/074,037
Filing Date	February 14, 2002
First Named Inventor	Victor I. SHEYMOV
Examiner Name	Thomas R. Peeso
Art Unit	2132
Attorney Docket No.	741946-43

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None

Deposit Account:

Deposit Account Number

19-2380

Deposit Account Name

Nixon Peabody LLP

## The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 300	2001 150	Utility filing fee	
1002 200	2002 100	Design filing fee	
1003 200	2003 100	Plant filing fee	
1004 300	2004 150	Reissue filing fee	
1005 200	2005 100	Provisional filing fee	

**SUBTOTAL (1)** **(\$ 0)**

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Fee from below		Fee Paid
	Extra Claims	Fee	
	-20**	=	
Independent		X	
Claims			0
Multiple Dependent		X	0

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 360	2203 180	Multiple dependent claim, if not paid
1204 200	2204 100	** Reissue independent claims over original patent
1205 50	2205 25	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)** **(\$ 0)**

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1051	2051	130	65
1052	2052	50	25
1053	1053	130	130
1812	1812	2,520	2,520
1804	1804	920*	920*
1805	1805	1,840*	1,840*
1251	2251	120	60
1252	2252	450	225
1253	2253	1,020	510
1254	2254	1,590	795
1255	2255	2,160	1,080
1401	2401	500	250
1402	2402	500	250
1403	2403	1,000	500
1451	1451	1,510	1,510
1452	2452	500	250
1453	2453	1,500	750
1501	2501	1,400	700
1502	2502	800	400
1503	2503	1,100	550
1460	1460	130	130
1807	1807	50	50
1806	1806	180	180
8021	8021	40	40
1809	2809	790	395
1810	2810	790	395
1801	2801	790	395
1802	1802	900	900
Other fee (specify) 10 Patent Copies (\$30) and Publication Fee (\$300)			330.00

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** **\$1,030.00**

## CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop \_\_\_\_\_  
 Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450

transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) 872-9306.

Date

Signature

Typed or printed name

## SUBMITTED BY

Name (Print/Type)	Carlos R. Villamar	Registration No. (Attorney/Agent)	43,224	Complete (if applicable)
Signature				Telephone (202) 585-8000

Date December 22, 2005

SEND TO: Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450